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CURRENT CHALLENGES AND FUTURE PROSPECTIVE OF TRANSGENDER HEALTH CARE

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Background: Transgender people are commonly known as 'Hijra' in India **(Gurvinder Kalra, 2012)**. Their existence was found in Indian mythology. Great epic 'Mahabharata' said about 'Shikhandi' who was a Hijra and played a vital role in battle of Kurukshetra. Documentary proof revealed the existence of 'Khojwa' (Transgender) who played vital role to guard Mughal harem. They were part of different rituals of Indian customs. Since British invasion, they were treated brutally. So, modern health care system did not consider transgender people.

Aim: The present study was aimed to find out current challenges and future prospective of transgender health care**.**

Methodology: From the literature reviews **(Google, Pubmed, Sciencedirect, Elsevier and Shodhganga)** physiological and psychological health issues of Transgender were find out and current challenges and future prospective of transgender health care discussed here.

Discussion: Critical analysis of literature revealed that transgender requires unique type of health care facilities. This review highlighted the transgender health care requirements, health issues of transgender, barriers to treat transgender, some remedial measures and future prospective.

Conclusion: There is an urgent need to evaluate and to find out solution to overcome barriers to treat transgender.

Introduction

Transgender is a word used by people to denote a sexual preference, gender identity or gender speech that does not adhere to prevailing social standards also described as umbrella term by Annette verster (technical officer in the Department of HIV, WHO, Geneva) in 2015**.** This umbrella concept encompasses those who may not believe that they fall into a dichotomous sex system that identifies them as male or female. Individuals in this group may feel in the incorrect sex, but this experience may or may not equate with a preference for surgical or hormonal reassignment. People who are transgender have a different approach. Any people who want surgery to move from one gender to another classify as transgender. Trans is an umbrella word, as well as those whose gender orientation differs from the sex they were born at birth (sometimes known as Tran's men and Trans women). People who are non-binary or gender queer, including bi-gender, pangender, agender. Additionally, some genders can be conceptualized as transsexual individuals.

Many transgender individuals suffer gender dysphoria and others undergo surgical interventions, including hormonal treatment, reconstruction, or psychotherapy. Some cannot or prefer not to have the treatment, and others may not choose to pay for them.

Health Issues of Transgender: Transgender people faced some common physiological and psychological health issues due to minority stress. Though transgender got legal status worldwide social stigma to them are very common till date. Equity in social level is yet to be established. These social situation causes minority stress among themselves. They secure less preventive care and less pathological test, health insurance, some time refuse to healthcare provided to them. These happen due to various reasons such as economic issues, discrimination **(Ashokan and Velusamydr, 2017)** or stigma **(Fitzgerald-Husek A *et al*, 2017).** On the other hand, it is tough to find out doctor who has expertise to treat transgender or appropriate health care setup for treating transgender.

For example, minority stress is linked to transgender peoples' non willingness to preventive care and screenings than that of cis-gender people of similar ages, whose gender identity and expression match the sex they were assigned at birth. This might be due to a lack of gender-related insurance coverage, being refused care, difficulty finding a doctor with expertise in transgender care or fear of discrimination in a health care setting. STD (Sexually Transmitted diseases), HIV (20%) **(Kalichman & Simbayi, 2003),** Depression (44%), anxiety (33%) and suicidal tendency (1%)are found in transgender which is much higher (26 times) than cis-gender. They are more into sexual abuse, drug abuse (26%), and domestic violence **(Joshua D. Safer, 2016)**. It is believed that drug abuse is higher in transgender because of cope up issues with social stigma.

Transgender health care requirements: It includes the prevention, diagnosis and treatment of physical and mental health conditions, as well as sex reassignment therapies, for transgender individuals. Transgender health care include gender variance, sex reassignment therapy, health risks (in relation to violence and mental health), and access to healthcare for trans people in

different countries around the world. Transgender individuals may experience distress and sadness as a result of their gender identity being inconsistent with their biological sex. This distress is referred to as gender dysphoria. Gender dysphoria is typically most upsetting for the individual prior to transitioning and once the individual begins to transition into their desired gender, whether the transition is socially, medically, or both, the distress frequently lessens.

Counselling/Hormone therapy and/or surgery are common for transgender which require additional medical intervention. Gender changes via surgery are very costly affairs and some time life threatening too. Counselling and /or hormone therapy are the most useful alternative to gender surgery.

Barriers to Treat Transgender:

1. **Detrimental treatment of medical practitioner**

Prime barriers to transgender health care services are detrimental treatment of medical practitioner to transgender **(Fischer, J., & Corcoran, K. 2007; Jaime M. et al. 2011),** very less knowledge regarding treatment protocol for transgender, literature survey suggests that it's not easy to find a health care provider who knows how to treat transgender people. Some providers may not agree to treat transgender due to trans-phobia or due to some prejudice. Others might not understand them or feel that there's something wrong with them. There are very few health care providers who have sufficient knowledge and compatibility to treat trans-people. In India, there is a lack of formal system to treat the transgender, according to Dr. Sameera Jahagirdar, a trans, non binary advocate and doctor **(Rajiv Desai, 2019).**

2. **Poor knowledge about health**

Most transgender are homeless - they are staying away from their own people which lead less traditional education too. They are almost excluded from different health awareness program initiated by govt. Different socio-economic issues results in poor knowledge about health among transgender individuals **(Bauer et al., 2009).**

3. **Least awareness about their rights to health care**

Community experts suggested that transgender requires a specific type of treatment. In 21st century, after a long journey, formal recognition has been given to transgender. "Gender identity disorders" as "gender incongruence" has been included by WHO's ICD-11 as a new chapter in sexual health. Indian transgender are still deprived of quality healthcare.

4. **Poor healthcare-seeking behaviors**

Transgender has less physiological healthcare-seeking behaviors as compared to cisgender people **(Persson Tholin & Broström, 2018).** It is also observed that these behaviors maybe altered with other enumeration characteristics **(Johansson, Long, Diwan, & Winkvist, 2000; MacKian, 2003).** Young children and elderly people frequently take health services **(Meara, White & Cutler, 2004),** while male are less concerned about health services than female **(Fuller, Edwards, Semsri, & Vorakitphokatorn, 1993).** However, the mental health seeking behaviors of younger male are very few as compared to their older male **(Biddle, Gunnell, Sharp, & Donovan, 2004).** Different studies point to remarkable variations in individual's tendencies to obtain health care help for mental and physical health problems.

5. **Education**

Neglecting attitude of teachers and other staff towards transgender is very common. Sometime in the school they are isolated from other students and abused physically, sexually and emotionally **(Shinu & Nagaraj, 2015).** These facts make them traumatized which may influence them not to sick health care facilities.

6. **Stigma**

Social stigma towards transgender is the most influencing factor for their avoiding attitude towards health care facilities. **(Clement et al., 2015; Eisenberg, Downs, Golberstein, & Zivin, 2009; Heng, Heal, Banks, & Preston, 2018; Salkas, Conniff, & Budge, 2018).**

7. **Others**

Gender-based violence, racial problem socio-economic barriers, lack of health insurance, exclusion from social protection schemes are the some secondary barrier to health care system of transgender **(Coleman. E., et al., 2011).**

Remedial Measures

Out of negative thoughts, transgender should not avoid doctor or should not hide anything to reduce risk of health concern. They should try to find out doctor empathetic to transgender. Screening is essential for following issues:

- Screening for cervical, breast, prostate and colon cancer
- Screening for HIV, Hepatitis, Drug abuse, Mental Health Condition
- Vaccination

Homelessness, poor economic condition often forced transgender to be beggar or sex worker. So sexually transmitted diseases are common to them (Joshua.D at el., 2016). To avoid STD following measures should be taken

- Try to have only one sex partner
- Should use protection during sex
- Should avoid use of drug
- Should be vaccinated

Social Awareness against gender inequity: Transgender are not new creature, their existence in society is well known from ancient to modern era. According to the census report 2011, India has almost 4.88 lacs transgender. It reached around 700,000 as per the report of Seth, S., & Barwa, M., 2018.Transgender community is part of our society and they have equal right for healthcare and other facilities throughout the world like cis-genders. Discrimination with transgender keeps occurring since long and exists even in 21st century which makes them least empowered groups in Indian Society.

Protection of Rights Act, 2019 was enacted by Parliament of India for transgender. In spite of all constitutional guarantees, neither common people nor the transgender people are aware about their rights. Government should take initiative to create awareness within the society regarding Right to Personal Liberty, Dignity, Freedom of Expression, Right to Education and Empowerment, Right against Violence, discrimination and exploitation of transgender.

Different NGOs may also take initiative to create awareness among transgender about their rights and health issues and remedial measures. They may also create awareness among common people regarding myth and facts of trans- people which may decrease the social stigma for trans. Decrement of social stigma will decrease the health risk of transgender.

Future Prospective:

Supreme Court of India recognized transgender as third gender, now they will not be forced to write male or female for their identity**.** They will be considered as OBC as direction by Supreme Court. Court also said that a joint venture will be created by state and central to create social awareness to erradicate social stigma. Supreme Court ordered the states to make public toilet for trans people and special cell to take care health issues of trans. Supreme court said if any person changed his/her sex by surgery also could not be discriminated.

Apex court said section 377 of IPC could not be misused to harass them. Ultimately they are recognized as third gender. Medical professional associations are now supporting transgender for their health care facilities. Endocrinological society created guideline to provide hormonal treatment for trans.

Different health insurance companies are also now ready to make insurances for them. (**http://timesofindia.indiatimes.com/articleshow/33767900.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst, April 15, 2014).** Transgender council recommended revision of medical curriculam **(Devrupa Rakshit'2021).** Some NGO's are also working on different issues of transgender. The Civilian Welfare Foundation (CWF), an NGO established in Kolkata, India, is researching the medical issues that transgender persons confront in metropolitan locations, as well as the treatment they get.

Conclusion: This review suggests the research as well as new strategy, activity, service, or policy for health care of transgender to overcome the current scenario. Few points are focused to improve health care accessibility of transgender in India such as creating an healthy environment in India for gender equity, creating social awareness among common people and transgender regarding legal rights to transgender, to create awareness to say no to social stigma for transgender and offer human like behavior to them, to create health awareness among trans-people and to minimize their denying attitude to available health care facilities. Medical Council of India should revise MBBS curriculum and should incorporate chapter on health issues of transgender.

Finally, studies are essential to find out barriers to provide health care facilities to transgender. These studies should include physical, mental and socioeconomic condition of patients.

References:

- Ashokan Subbiah , Velusamy M., 2017.Social & Legal issues and its development Scenario of Transgender people in the modern society with special reference to Tamil Nadu. Journal of Social Work Education and Practice, 2(2) 35-40
- Blaskovich, J. and Tomaka, J. 1991. "Measures of self-esteem". In Measures of personality and social psychological attitudes, Edited by: Robinson, J. P., Shaver, P. R. and Wrights man, L. S. Vol. 1, 115–160. New York, NY: Academic Press.
- Bhattacharya, S. (2014). A love that dare not speak its name: Exploring the marginalized status of lesbians, bisexual women, and trans-men in India. Asian Journal of Women's Studies, 20(3), 105–120.

- Bhattacharya, S. (2019). The transgender nation and its margins: The many lives of the law. South Asia Multidisciplinary Academic Journal, 20, 1–19.
- Fischer, J., & Corcoran, K. (2007). Measures for clinical practice and research: A source book. 4th Ed. New York, NY: Oxford University Press, Inc.
- Gurvinder Kalra, 2012. Hijras: the unique transgender culture of India. International Journal of Culture and Mental Health, 5(2), pp. 121-126.
- Gavin, D., 2015. Transgender Lives, Transgender Cultures. Journal of Psychological Issues in Organizational Culture, 6(1), pp.65-67.
- Fitzgerald-Husek A, Van Wert MJ, Ewing WF, Grosso AL, Holland CE, Katterl R, Rosman L, Agarwal A, Baral SD. 2017. Measuring stigma affecting sex workers (SW) and men who have sex with men (MSM): A systematic review, *PLoS One*;12(11):e0188393
- S Kalichman and L Simbayi,2003. HIV testing attitudes, AIDS stigma, and voluntary HIV counselling and testing in a black township in Cape Town, South Africa, *Sex Transm Infect.* ; 79(6): 442–447
- Rajvi Desai, 2019.What a Transgender-Friendly Health CareSystem Would Look Like in How to Improve Health Care for Transgender People in India | The Swaddle Available at *https://theswaddle.com/what-a-transgender-friendly-health-care-system-would-look-like/* on 08/06/22
- Joshua D. Safer, Eli Coleman, Jamie Feldman, Robert Garofalo, Wylie Hembree, Asa Radix, and Jae Sevelius, 2016. Barriers to Health Care for Transgender Individuals,*Curr Opin Endocrinol Diabetes Obes*. 23(2): pp168–171.
- Jaffee, K. D., D. A. Shires, and D. Stroumsa. 2016. "Discrimination and Delayed Health Care among Transgender Women and Men: Implications for Improving Medical Education and Health Care Delivery." Medical Care 54 (11): pp 1010–1016.
- Kalra Gurvinder; ShahNeilesh; The Cultural, Psychiatric, and Sexuality Aspects of Hijras in India; International, Volume 14, 2013 - Issue 4,pp 171-181
- Jaime M Grant, Lisa A Mottet, JJ Tanis, D Min, 2011. Injustice at every turn: a report of the national transgender discrimination survey, National Center for Transgender Equality and National Gay and Lesbian Task Force
- Jaime M Grant, Lisa A Mottet, JJ Tanis, D Min, With Jody L. Herman, Jack Harrison, and Mara Keisling, 2010.National Transgender Discrimination Survey Report on health and health care , National Center for Transgender Equality and National Gay and Lesbian Task Force. Available from https://cancer-network.org/wpcontent/uploads/2017/02/ National_Transgender_Discrimination_Survey_Report_on_health_and_health_care.pdf, on 21/06/22
- Deborah McPhail, Marina Rountree-James, Ian Whetter, 2016, Addressing gaps in physician knowledge regarding transgender health and healthcare through medical education Canadian Medical Education Journal 7(2) : pp e 70-e 78
- Bauer, GR., Hammond R, Travers R, Kaay M, Hohenadel, KM., Boyce M. 2009, ''I Don't Think This Is Theoretical; This Is Our Lives'': How Erasure Impacts Health Care for Transgender People The Journal of the Association of Nurses in AIDS Care: JANAC 20(5):pp 348-6
- Jenny Persson Tholin &Linus Broström, 2018.Transgender and gender diverse people's experience of non-transition-related health care in Sweden, International Journal of Transgenderism, 19(4), pp 425-35.
- E Johansson , N H Long, V K Diwan, A Winkvist, 2000. Gender and tuberculosis control: perspectives on health seeking behavior among men and women in Vietnam, Health Policy, 52(1): pp.33-51.
- Mackian S., Bedri N. and Lovel H,2003. Up the garden path and over the edge: where might health-seeking behaviour take us? Health Policy and Planning; 19(3): pp. 137–146

- Cutler, David, Ellen Meara, and Chapin White. 2004. "Trends in Medical Spending by Age, 1963-2000." Health Affairs 23 (4): pp.176-183.
- Fuller T D, Edwards J N, Sermsri S, Vorakitphokatorn S. 1993. Housing, stress, and physical well-being: evidence from Thailand, Soc Sci Med;36(11):pp1417-28.
- Biddle L, Gunnell D, Sharp D, Donovan JD. 2004 . Factors influencing help seeking in mentally distressed young adults: a cross-sectional survey, Br J Gen Pract, 54(501):pp248-53.
- or.com Page 20
- Shinu Asmy V.S. and Nagaraj P, 2015. Preliminary Problems Faced in Educating the Third Gender Community , Asia Pacific Journal of Research, I(XXVII), pp. 21-24
- Clement S, Schauman O, Graham T, Maggioni F, Evans-Lacko S, Bezborodovs N, Morgan C, Rüsch N, Brown J S L Thornicroft G, .2015.What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. Psychol Med; 45(1): pp11-27.
- Daniel Eisenberg , Marilyn F Downs, Ezra Golberstein, Kara Zivin, 2009.Stigma and help seeking for mental health among college students; Med Care Res Rev; 66(5):pp522-41.
- Heng, Heal, Banks, & Preston, 2018. Transgender peoples' experiences and perspective about general health care: A systematic review, International Journal of Transgenderism,
- Shor Salkas, James Conniff, Stephanie L. Budge,2018Provider quality and barriers to care for transgender people: An analysis of data from the Wisconsin transgender community health assessment, International Journal of Transgenderism, 19(1): pp59-63
- Coleman E., Bockting W., Botzer M., Cohen-Kettenis P., DeCuypere G.Feldman ,2012. Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, International Journal of Transgenderism, 13(4): pp165-232
- Joshua D. Safer, Eli Colema, Jamie Feldman, Robert Garofalo, Wylie Hembree, Asa Radix and Jae Sevelius ,2016. Barriers to Health Care for Transgender Individuals Curr Opin Endocrinol Diabetes Obes. 23(2): pp 168–171.
- Devrupa Rakshit, 2021.Trans Persons' Council Recommends Revision in Medical Curriculum, Sensitization of Doctors; available from https://theswaddle.com/trans-persons-council-recommends-revision-in-medical-curriculum-sensitization-of-doctors/ on 21/6/22

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